FEC FORM 3

Use

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

712 THUATE 17 APR -5 PM 12: 14

(Revised 05/2016)

	TOLAIL	Authorized Co			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIM	IT ▼	Example: If typing, type over the lines.	12FE4M5	
FRIENDS OF JON	ATHAN MCCO				
<u>i I I I I I I I I I I I I I I I I I I </u>	<u>!</u>	<u> </u>		_!	<u> </u>
111111	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
	812 DOWNTO	OWNER BLVD			
ADDRESS (number and stree			<u>. </u>	_!	1
▼ Check if different	SUITE A	1 1 1 1		<u> </u>	!
than previously	MOBILE		1	AL 3	6609
reported. (ACC)	<u> </u>	CITY A		STATE ▲	ZIP CODE ▲
2. FEC IDENTIFICATIO	N NUMBER ▼				
n un transition de			,		STATE ▼ DISTRIC
C C00603324		3. IS THIS REPORT	NEW (N) OR	X AMENDE	D I AL I 100
		REPORT	(11)	\C\	حلال لللا
		1			
4. TYPE OF REPORT	(Choose One)	(b) 12-Day P	RE-Election Report for th	e:	
(a) Quarterly Reports	:		D 1 (40 D)	0 1/40	O) D# (40D)
April 15 Quar	terly Report (Q1)		Primary (12P)	General (12	G) Runoff (12R)
7,5.0.15 225	,,	1	Convention (12C)	Special (12	S)
July 15 Quart	erly Report (Q2)			1 5	
October 15 C	luarterly Report (Q3)	Election		1 1 - Y - 1	in the State of
	, , ,			; 	
January 31 Ye	ear-End Report (YE)	(c) 30-Day P	OST-Election Report for t	the:	
		*	General (30G)	Runoff (30F	Special (30S
				•	,
Termination F	eport (TER)	- Fire No.	M M / O D	1	in the
l L		Election	on		State of
<u> </u>	<u> </u>	•			
·					
5. Covering Period	мм/ ^{рор}	2016	. м through	м / о о / 12 31	2016
l		•		-	
l certify that I have examin	and Abia Danast and	to the best of m	v knowledge and holief it	is true correct and	complete
•	SINGLETA	RY, MASON, CHA	D, ,	is tide, correct und	campioto.
type or Print Name of Ire	asurer				
1 1	SINGLETARY, MASO	N, CHAD.		` M	/ [0] 0 / Y Y Y Z Y Z Y Z Y Z Y Z Y Z Y Z Y Z Y
Signature of Treasurer	·			Date	
		doto information =	any eubiact the names size	ing this Report to the	a penalties of 52 U.S.C. 830
	erroneous, or incomp	mete information in	ay subject the person sign	ing this neport to the	e penalties of 52 U.S.C. §30
Office					FEC FORM 3

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name	
FRIENDS OF JONATHAN MCCONNELL	
	_

			COLUMN A This Period	COLUMN B Election Cycle-to-Date
).	Net	Contributions (other than loans)		
	(a)	Total Contributions (other than loans) (from Line 11(e))	47463.91	863893.80
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	155644.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	47463.91	708249.80
' .	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	36.75	781944.02
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	229.58
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	36.75	781714.44
		sh on Hand at Close of porting Period (from Line 27)	0.00	
).	the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)	0.00	
0.	the	ots and Obligations Owed BY Committee (Itemize all on nedule C and/or Schedule D)	70173.52	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

Report of Receipts and Disbursements

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

Write or Type Committee I FRIENDS OF JON		NELL	
Report Covering the Perior	d: From: 10	0,1 20,16 T	To: 12 31 2016
I. RECEIPTS			
COLUM Total this		COLUMN B Election Cycle Total as of	COLUMN C Total for
		11 08 2016 (date of general election)	11 09 2016 (date after general election)
CONTRIBUTIONS (other than loans) FRO (a) Individuals/Persons Political Committee (i) Itemized (use)	o Other than		through 12 31 2016 (last day of reporting period)
(ii) Unitemized	0.00	540583,00	0.00
(ii) Gilletingeo	0.00	40518.77	0.00 (3)
(iii) Total of contri	butions from individuals	S	
Ø.\	0.00	581101.77	0.00
(b) Political Party Con	nmittees		
423	0.00	0.00	0.00
(c) Other Political Cor	nmittees		

0170405020008590

(N)

Report of Receipts and Disbursements

FE1AN044

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(d) The Candidate 47463.91 (e) TOTAL CONTRIBUTIONS (other	277792.03	
	277792.03	
(e) TOTAL CONTRIBUTIONS (other		47463.91
	than loans) (add Lines 11(a)(iii), (b), (c) and	(d))
47463.91	863893.80	47463.91
TRANSFERS FROM OTHER AUTHO	RIZED COMMITTEES	
0.00	0.00	0.00
B. LOANS: (a) Made or Guaranteed by the Car	didate	
0.00	76448.47	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a)	and (b))	
0.00	76448.47	0.00
4. OFFSETS TO OPERATING EXPEND	DITURES (Refunds, rebates, etc.)	
0.00	229.58	0.00
5. OTHER RECEIPTS (Dividends, Inter	est, etc.)	
0.00	0.00	0.00
6. TOTAL RECEIPTS (add 11(e), 12, 1	3(c), 14 and 15)	
47463.91	940571.85	47463.91

(3D)

FE1AN044

FEC Form 3 (Revised 1/01)		PAGE 5 / 2
Write or Type Committee Name FRIENDS OF JONATHAN MCCC	- DNNELL	
		<u> </u>
Report Covering the Period: From:	10 01 2016	To: 12 31 2016
II. DISBURSEMENTS		
COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election through * (last day of reporting period (* See page 5 for dates)
7. OPERATING EXPENDITURES		
36.75	781944.02	5.00
3. TRANSFERS TO OTHER AUTHORIZED C	COMMITTEES	
0.00	0.00	0.00
0.00		
9. LOAN REPAYMENTS:	Condidata	
9. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the	Candidate	
	Candidate 0.00	0.00
(a) Of Loans Made or Guaranteed by the		0.00
(a) Of Loans Made or Guaranteed by the		
(a) Of Loans Made or Guaranteed by the 0.00 (b) Of All Other Loans 0.00	0.00	
(a) Of Loans Made or Guaranteed by the 0.00 (b) Of All Other Loans	0.00	
(a) Of Loans Made or Guaranteed by the 0.00 (b) Of All Other Loans 0.00	0.00	0.00
(a) Of Loans Made or Guaranteed by the 0.00 (b) Of All Other Loans 0.00 (c) TOTAL LOAN REPAYMENTS (add Line)	0.00 0.00 0.00 nes 19(a) and 19(b))	0.00
(a) Of Loans Made or Guaranteed by the 0.00 (b) Of All Other Loans 0.00 (c) TOTAL LOAN REPAYMENTS (add Lings) 0.00	0.00 0.00 0.00 0.00 0.00	0.00
(a) Of Loans Made or Guaranteed by the 0.00 (b) Of All Other Loans 0.00 (c) TOTAL LOAN REPAYMENTS (add Lings) 0.00 0.00	0.00 0.00 0.00 0.00 0.00	0.00
(a) Of Loans Made or Guaranteed by the 0.00 (b) Of All Other Loans 0.00 (c) TOTAL LOAN REPAYMENTS (add Lings) 0.00 0. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00
(a) Of Loans Made or Guaranteed by the 0.00 (b) Of All Other Loans 0.00 (c) TOTAL LOAN REPAYMENTS (add Lings) 0.00 0.00 0.00 1.00 0.00 1.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00
(a) Of Loans Made or Guaranteed by the 0.00 (b) Of All Other Loans 0.00 (c) TOTAL LOAN REPAYMENTS (add Lings) 0.00 0. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00

Report of Receipts and Disbursements

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(c) Other Political Committees (such as PA	<u> </u>	(* See page 3 for dates)
0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (a	dd Lines 20(a), (b) and (c))	
0.00	155644.00	0.00
. OTHER DISBURSEMENTS		,
47442.74	3000.00	47442.74
. TOTAL DISBURSEMENTS (add Lines 17,	18, 19(c), 20(d) and 21)	
47479.49	940588.02	47447.74
III. NET CONTRIBUTIONS (OTHER		·
(Note: Substitute in lieu of Line #	6 of Summary Page for this report only; subtra	act Line 20(d) from Line 11(e))
47463.91	708249.30	47463.91
IV. NET OPERATING EXPENDITURE	RES	-
(Note: Substitute in lieu of Line	e #7 of Summary Page for this report only; sut	btract Line 14 from Line 17)
36.75	781714.44	5.00
V. CASH S	UMMARY	
. CASH ON HAND AT BEGINNING OF REF	PORTING PERIOD	15.58
. TOTAL RECIEPTS THIS PERIOD (from Li	ne 16)	47463.91
S. SUBTOTAL (add Line 23 and Line 24)		47479.49
S. TOTAL DISBURSEMENTS THIS PERIOD	(from Line 22)	47479.49

2017/04/0502000

FE1AN044

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports and	d Statements m	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 2 (check only one) 11a 11b 11c × 11d 12 13a 13b 14 y person for the purpose of soliciting contributio
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) FRIENDS OF JONATHAN MC	the name and	address of any political comm	ittee to solicit contributions from such committee
Full Name (Last, First, Middle Initial) MCCONNELL, JONATHAN, EDW	ARD, ,		Date of Receipt
Mailing Address P.O. BOX 59807	State	Zip Code	12 15 / YYYY 12 15 2016
City HOMEWOOD	AL	35259	Transaction ID : SA11D.7340
FEC ID number of contributing federal political committee.	C se	AL00310	Amount of Each Receipt this Period
Name of Employer MERIDIAN GLOBAL CONSULTING, LL	Occupation SECURITY	n CONSULTANT	9000.00
Receipt For: 2016	Election C	ycle-to-Date 9000.00	Memo Item CANDIDATE CONTRIBUTION
Full Name (Last, First, Middle Initial) MCCONNELL, JONATHAN, ED	WARD, ,		Date of Receipt
Mailing Address P.O. BOX 59807 City	State	Zip Code	12 15 7 2016 Transaction ID : SA11D.7349
HOMEWOOD	AL	35259	
FEC ID number of contributing federal political committee.	C s6.	AL00310	Amount of Each Receipt this Period 4000.00
Name of Employer MERIDIAN GLOBAL CONSULTING, LL	Occupatio	n / CONSULTANT	4000.00
Receipt For: 2016 Receipt For: Quie General Other (specify) ▼	1	Cycle-to-Date 13000.00	Memo Item CANDIDATE CONTRIBUTION
Full Name (Last, First, Middle Initial) MCCONNELL, JONATHAN, E	DWARD, ,		Date of Receipt
Mailing Address P.O. BOX 59807	Chata	7in Codo	12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HOMEWOOD	State AL	Zip Code 35259	Transaction ID : SA11D.7350
FEC ID number of contributing federal political committee.	C se	SAL00310	Amount of Each Receipt this Period
Name of Employer MERIDIAN GLOBAL CONSULTING, LL	Occupation SECURITY	n Y CONSULTANT	6000.00
Receipt For: 2016 Primary General Other (specify)	Election (19000.00	Memo Item CANDIDATÉ CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)			19000.00
TOTAL This Period (last page this line numb	er only)		. •

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports and or for commercial purposes, other than using	d Statements m	Use separate schedule(s) for each category of the Detailed Summary Page lay not be sold or used by any address of any political commit	FOR LINE NUMBER: PAGE 8 OF 29 (check only one) 11a 11b 11c X 11d 12 13a 13b 14 1 7 person for the purpose of soliciting contributions from such committee.
NAME OF COMMITTEE (IN FUII) FRIENDS OF JONATHAN MC	<u> </u>		
Full Name (Last, First, Middle Initial) A. MCCONNELL, JONATHAN, EDW Mailing Address P.O. BOX 59807	/ARD, ,		Date of Receipt
City HOMEWOOD	State AL	Zip Code - 35259	12 15 2016 Transaction ID : SA11D.7351
FEC ID number of contributing federal political committee.	C 56	AL00310	Amount of Each Receipt this Period
Name of Employer MERIDIAN GLOBAL CONSULTING, LL Receipt For: 2016		CONSULTANT ycle-to-Date	Memo item CANDIDATE CONTRIBUTION
Primary		35000.00]
B. Full Name (Last, First, Middle Initial) MCCONNELL, JONATHAN, ED Mailing Address P.O. BOX 59807	WARD, ,		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HOMEWOOD	State AL -	Zip Code 35259	Transaction ID : SA11D.7352
FEC ID number of contributing federal political committee.	C 56	AL00310	Amount of Each Receipt this Period
Name of Employer	Occupatio	n CONSULTANT	6000.00
MERIDIAN GLOBAL CONSULTING, LL Receipt For: 2016		cycle-to-Date 41000.00	Memo Item CONTRIUTION FROM CANDIDATE
Full Name (Last, First, Middle Initial) C. MCCONNELL, JONATHAN, E	DWARD, ,		Date of Receipt
Mailing Address P.O. BOX 59807	10	Ti- Cada	12 15 7 2016
City HOMEWOOD	State AL	Zip Code 35259	Transaction ID : SA11D.7353
FEC ID number of contributing federal political committee.	C s	SAL00310	Amount of Each Receipt this Period
Name of Employer MERIDIAN GLOBAL CONSULTING, LL Receipt For: 2016		on Y CONSULTANT Cycle-to-Date	Memo Item
Receipt For: 2016 ✓ Primary General Other (specify) ▼	Election	47442.74	CANDIDATE CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)		28442.74
TOTAL This Period (last page this line numl	ber only)		. • L

for each category of the × 111d ITEMIZED RECEIPTS 11a 11b 11c Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FRIENDS OF JONATHAN MCCONNELL Full Name (Last, First, Middle Initial) MCCONNELL, JONATHAN, EDWARD, , Date of Receipt Mailing Address P.O. BOX 59807 31 / 2016 Zip Code City State Transaction ID: \$A11D.7354 Α1 35259 **HOMEWOOD** FEC ID number of contributing Amount of Each Receipt this Period S6AL00310 federal political committee. Name of Employer Occupation SECURITY CONSULTANT MERIDIAN GLOBAL CONSULTING, LL Memo Item Receipt For: 2016 Election Cycle-to-Date CONTRIBUTION FROM CANDIDATE × Primary General 47463.91 Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) \(\nbbeta\) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Use separate schedule(s)

SCHEDULE A (FEC Form 3)

(3)

FOR LINE NUMBER:

(check only one)

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47463.91

29 PAGE 10 OF FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS X 17 18 19a 19b Detailed Summary Page 21 20a 20b 20c Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FRIENDS OF JONATHAN MCCONNELL Full Name (Last, First, Middle Initial) A. REGIONS BANK Date of Disbursement 2016 10 31 Mailing Address 475 GREEN SPRINGS HWY State Zip Code City FEC Identification Number AL 35209 **BIRMINGHAM** Purpose of Disbursement BANK CHARGES S6AL00310 001 Candidate Name Amount of Each Disbursement this Period Category/ MCCONNELL, JONATHAN, EDWARD, , Type Disbursement For: 2016 5.00 Office Sought: House x Primary General Senate Transaction ID: SB17.7335 Other (specify) ▼ President Memo Item 00 State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)... 5.00

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TOTAL This Period (last page this line number only)...

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS Any information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) FRIENDS OF JONATHAN MCCO	ime and ac	ddress of any politi	of the Page	FOR LINE NUMBER: PAGE 11 OF 29 (check only one) 17
Full Name (Last, First, Middle Initial) A. CARR, RIGGS & INGRAM, LLC Mailing Address 7550 HALCYON SUMMIT DRIVE SUITE 300 City	State	Zip Code		Date of Disbursement M M D D / Y Y 12 15 2016 FEC Identification Number
MONTGOMERY Purpose of Disbursement PAYMENT OF OBLIGATION Candidate Name MCCONNELL, JONATHAN, EDW Office Sought: House Senate President State: AL District: 00	ement For: Primary		O01 Category/ Type	C S6AL00310
B. Full Name (Last, First, Middle Initial) LIBERTY PHONE CENTER, INC. Mailing Address 8001 Braddock Road Suite 300				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
x Senate x	ement For:	2016 General	003 Category Type	FEC Identification Number C S6AL00310 Amount of Each Disbursement this Period 6442.74 Transaction ID: SB21.7348 Memo Item
Full Name (Last, First, Middle Initial) C. MILLER, MARY, ASHLEY, Mailing Address 3422 N STATE STREET				Date of Disbursement M M / D D / Y Y 12 15 2016
#1 City JACKSON Purpose of Disbursement PAYMENT OF OBLIGATION Candidate Name MCCONNELL, JONATHAN, EDV Office Sought: House Disburs X Senate President State: AL District: 00	sement For	2016 General	Category Type	FEC Identification Number C S6AL00310 Amount of Each Disbursement this Period 6000.00 Transaction ID: SB21.7344 Memo Item
SUBTOTAL of Disbursements This Page (optional	al)			21442.74
TOTAL This Period (last page this line number of	nly)			·· •

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS Any information copied from such Reports and Stateme or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	Use separate schedule(s) for each category of the Detailed Summary Page ents may not be sold or used by any and address of any political commit	FOR LINE NUMBER: PAGE 12 OF 29 (check only one) 17 18 19a 19b 20a 20b 20c × 21 person for the purpose of soliciting contributions tee to solicit contributions from such committee.
FRIENDS OF JONATHAN MCCONN Full Name (Last, First, Middle Initial) A. RED SQUARE AGENCY	NELL	Date of Disbursement
Mailing Address 54 SAINT EMANUEL STREET City Sta MOBILE AL	I '	FEC Identification Number
Purpose of Disbursement PAYMENT OF OBLIGATION Candidate Name MCCONNELL, JONATHAN, EDWAR Office Sought: House Disburseme	RD, , Category Type	Amount of Each Disbursement this Period
Senate X Pr	rimary General ther (specify) ▼	Transaction ID : \$B21.7343 Memo Item
B. STRATIGOS DYNAMICS Mailing Address 1744 SOUTH TALLOWOOD DRIVE		Date of Disbursement M M / D D / V V V V V V V V V
City Sta LAKE CHARLES L Purpose of Disbursement PAYMENT OF OBLIGATION Candidate Name	Zip Code A 70605 Category Category	FEC Identification Number C S6AL00310 Amount of Each Disbursement this Period
x Senate x P	RD, , Type ont For: 2016 rimary	6000.00 Transaction ID : SB21.7342 Memo Item
Full Name (Last, First, Middle Initial) C. THE J HARRIS COMPANY LLC Mailing Address 1301 SOUTHWEST BLVD		Date of Disbursement M M D D Y Y 12 15 2016
JEFFERSON CITY Purpose of Disbursement PAYMENT OF OBLIGATION	ate Zip Code 4O 65109	FEC Identification Number C S6AL00310
Senate President	Category Type ent For: 2016 frimary General Other (specify)	Amount of Each Disbursement this Period 4000.00 Transaction ID: SB21.7341 Memo Item
SUBTOTAL of Disbursements This Page (optional)		26000.00
TOTAL This Period (last page this line number only)		47442.74

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SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 13 OF
FOR LINE NUMBER:
(check only one)

7	13a	
	13h	

29

OANS				Detailed S	Summary Page	→		13b
AME OF COMMITTEE (In Full)					Transact	ion ID : SC/10.418	7	
FRIENDS OF JONATHA								
LOAN SOURCE Full Name (La	Memo Item	Election: 2016						
MCCONNELL, JONAT	<u> </u>		K Primary General					
Mailing Address P.O. BOX 59807						Other (specify	y) ▼	
City		State	ZIP Code	•		[4] B		C = = did=b=
HOMEWOOD		AL	35259			× Personal Fu	nas of the	Candidate
Original Amount of Loan		Cumulative Pa	ayment To D	ate	Balar	nce Outstanding at	Close of T	his Period
· •	0735.52	()	(†)	0.00			(1)	0.00
TERMS Date Incurred			Date Due		Interest Rate (If none, enter	0)	Secured	d:
M11M / D27D / Y 20)ใช้ Y	M M / D	P / ON C	EMAND	0.0		Yes	x No
List All Endorsers or Guarant	ors (if any) to	o Loan Source	9					
1. Full Name (Last, First, Midd	dle Initial)			Name of Em	ployer			
Mailing Address		<u> </u>		Occupation				
			<u> </u>	Ámount				
City	State	ZIP Code		Guaranteed Outstanding:		<u> </u>		
2. Full Name (Last, First, Midd	le Initial)	- I		Name of Em	ployer			
Mailing Address				Occupation				<u>, , , , , , , , , , , , , , , , , , , </u>
				Amount				7
City	State	ZIP Code	I	Guaranteed Outstanding:		(3)		
3. Full Name (Last, First, Midd	le Initial)		İ	Name of Employer				
Mailing Address				Occupation				
				Amount	د من حسون بيست			7
City	State	ZIP Code	I	Guaranteed Outstanding:		مانيات والمسيحة المنيات المساولات	يالمبيعة المهيئة تبسر	
4. Full Name (Last, First, Midd	le Initial)		_	Name of Em	ployer			
Mailing Address		<u>.</u>		Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:		_(9\	<u> </u>	
	<u> </u>				F		, , ,	
SUBTOTALS This Period This Pa	ge (optional).	•••			<u> </u>	(1)	(15 <u> </u>	0.00
TOTALS This Period (last page in	this line only	y)			·· -	-35	0	49)
Carry outstanding balance only t	o LINE 3. Sci	hedule D. for the	his line. If n	Schedule	D, carry forw	vard to appropriat	te line of S	iummary.

Form/Schedule: SC/10 Transaction ID: SC/10.4187

(Current loan amount of 20735.52 from a balance of 20735.52 has been forgiven)(A previous settlement amount of 20735.52 has been rescinded)(Current loan amount of 20735.52 from a balance of 20735.52 has been forgiven)

Form/Schedule: Transaction ID:

City	.	State	ZIP Code	
HOMEWOOD		AL 35259		Personal Funds of the Cand
Original Amount of Loan	15747.48	Cumulative I	yment To Date	Balance Outstanding at Close of This I
TERMS Date Incur		<u> </u>	Date Due Intere	ist Rate Secured:
M 12M / D 22D /	Y 2015 Y	M M / D	/ ON DEMAND	0.00 % (apr) Yes
List All Endorsers or Gu	arantors (if any) t	o Loan Sourc		
1. Full Name (Last, First	Middle Initial)		Name of Employer	,
Mailing Address	, <u></u>		Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First,	Middle Initial)	<u> </u>	Name of Employer	•
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	35 - 45 - 45 - 45 - 45 - 45 - 45 - 45 -
3. Full Name (Last, First,	Middle Initial)		Name of Employer	· · · · · · · · · · · · · · · · · · ·
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First,	Middle Initial)	,	Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	<u> </u>
LIDTOTAL C This Desired Th	his Dags (antions)		h-	
UBTOTALS This Period Th			·· >	0.00
	age in this line onl		▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

FRIENDS OF JONATHAN MCCONNELL

LOAN SOURCE Full Name (Last, First, Middle Initial)

MCCONNELL, JONATHAN, EDWARD,

NAME OF COMMITTEE (In Full)

Mailing Address P.O. BOX 59807

LOANS

PAGE

FOR LINE NUMBER:

(check only one)

Transaction ID: SC/10.4115

×

Election: 2016

Primary

General

Other (specify) -

Use separate schedule(s)

for each category of the

Detailed Summary Page

☐ Memo Item

15 OF

29

≭ 13a

13b

Form/Schedule: SC/10 Transaction ID: SC/10.4115

(Current loan amount of 15747.48 from a balance of 15747.48 has been forgiven)

Form/Schedule: Transaction ID:

ME OF COMMITTEE (In	Full)	Transaction ID : SC/10.5048	
RIENDS OF JONA	•	NNELL	
LOAN SOURCE Full N	ame (Last, First, Mic	ldle Initial)	☐ Memo Item Election: 2016
MCCONNELL, JC	NATHAN, ED\	NARD,	✓ Primary General
Mailing Address P.O. BOX 59807			Other (specify) ▼
City		State	IP Code
HOMEWOOD		AL	35259 Personal Funds of the C
Original Amount of Loa	n	Cumulative	ent To Date Balance Outstanding at Close of Th
9,	2773.76		0.00
TERMS Date Inc.	urred		Due Interest Rate Secured:
M02M / 0050 /	γ 2016 γ	M M / D	(If none, enter 0) / ON DEMAND 0.00
لحصا لحصا	<u> </u>	<u> </u>	W (apr) Yes
List All Endorsers or G		o Loan Sour	Name of Employer
1. Full Name (Last, Firs	st, Middle Initial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First	t, Middle Initial)		Name of Employer
Mailing Address	<u></u>	•	Occupation
3			Amount
City	State	ZIP Code	Guaranteed
3. Full Name (Last, Firs	Middle Initial		Outstanding:
	i, wildule iffilial)		Name of Employer
Mailing Address			Occupation
	———	T	Amount
City	State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, Firs	t, Middle Initial)	•	Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed
			Outstanding:

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

PAGE 17

29

OF

Form/Schedule: SC/10 Transaction ID: SC/10.5048

(Current loan amount of 2773.76 from a balance of 2773.76 has been forgiven)

Form/Schedule: Transaction ID:

ME OF COMMITTEE (IN RIENDS OF JONA	-	NNELL		
LOAN SOURCE Full N MCCONNELL, JO			☐ Memo Ite	m Election: 2016 x Primary General
Mailing Address P.O. BOX 59807				Other (specify) ▼
City		State	ZIP Code	
HOMEWOOD		AL	35259	Personal Funds of the Candidat
Original Amount of Lo	an 24521.71	Cumulative Pa	ayment To Date B	alance Outstanding at Close of This Perio
TERMS Date Inc	-(1)		Date Due Interest R	
M03M / D08P /	Y 2016 Y	M M / D	(If none, en	0.00 % (apr) Yes X No
List All Endorsers or (Guarantors (if any) t	o Loan Source	9	
1. Full Name (Last, Fir	st, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	(F) (S) (S)
2. Full Name (Last, Firs	it, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
00				
City	State	ZIP Code	Guaranteed Outstanding:	0
City 3. Full Name (Last, Firs		ZIP Code	Guaranteed	-0
<u> </u>		ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, Firs		ZIP Code	Guaranteed Outstanding: Name of Employer	
3. Full Name (Last, Firs	st, Middle Initial) State		Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed	
Full Name (Last, Firs Mailing Address City	st, Middle Initial) State		Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding:	(5) (5) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7
3. Full Name (Last, Firs Mailing Address City 4. Full Name (Last, Firs)	st, Middle Initial) State		Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

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2888858

1784858

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TOTALS This Period (last page in this line only)...

PAGE 19

FOR LINE NUMBER:

(check only one)

Use separate schedule(s)

for each category of the

Detailed Summary Page

OF

≭ 13a

13b

29

Form/Schedule: SC/10 Transaction ID: SC/10.7190

(Current loan amount of 24521.71 from a balance of 24521.71 has been forgiven)

Form/Schedule: Transaction ID:

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SCHEDULE C (FEC Form 3) LOANS	Use separate schedule(s) for each category of the Detailed Summary Page PAGE 21 OF 29 FOR LINE NUMBER: (check only one) x 13a					
NAME OF COMMITTEE (IN FUII) FRIENDS OF JONATHAN MCCOI	NNELL	Transaction ID : SC/10.7187				
LOAN SOURCE Full Name (Last, First, Mic MCCONNELL, JONATHAN, ED)		☐ Memo Item Election: 2016 ✓ Primary General				
Mailing Address P.O. BOX 59807		Other (specify) ▼				
City HOMEWOOD		Code 259 Personal Funds of the Candidate				
Original Amount of Loan	Cumulative Paymer	t To Date Balance Outstanding at Close of This Period 0.00 0.00				
TERMS Date Incurred M03M / P10P / Y 2016 Y List All Endorsers or Guarantors (if any) t	Oue Interest Rate (If none, enter 0) ON DEMAND 0.00 (apr) Yes No					
Full Name (Last, First, Middle Initial) Mailing Address		Name of Employer Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial) Mailing Address		Occupation Amount				
City State	ZIP Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)	· -	Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only) 0.00 0.00						
Composite transfers belones only to LINE 3 Sci	Carry outstanding balance only to LINE 3. Schedule D. for this line, If no Schedule D. carry forward to appropriate line of Summary.					

Form/Schedule: SC/10 Transaction ID: SC/10.7187

(Current loan amount of 12670.00 from a balance of 12670.00 has been forgiven)

Form/Schedule: Transaction ID:

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

4050200085921

0170

(Use separate schedule(s) for each numbered line) PAGE 23 OF 2
FOR LINE NUMBER:
(check only one) 9

xordanig Edans			Hambered line)	(X 10
NAME OF COMMITTEE (In Full)				
FRIENDS OF JOI	NATHAN	MCCONN	ELL	
A. Full Name (Last, First, Middle Initia	•	ditor	Nature of Debt (Purpose	
CARR, RIGGS & INGRA	ACCOUNTING SERVICE	ES		
Mailing Address 7550 HALCYON SU	MMIT DRIVE			
SUITE 300	INITION DATE			
City	State	Zip Code		
MONTGOMERY	AL	36117		
Outstanding Balance Beginning This	3 Period		Transaction ID : SD10	.7281
14200.	00			
Amount Incurred This Period	; redrond j	Payment This Period	Outstanding Balance	at Close of This Period
			مهدمه ويرويها السويبور	
1-1-3-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3	.00	900 	00.00	5200.00
B. Full Name (Last, First, Middle Initia	l) of Debtor or Cred	litor	Nature of Debt (Purpose	
GOBER HILGERS PLLC			LEGAL SERVICES	η.
Notice Address				
Mailing Address P.O. BOX 341016				
City	State	Zip Code		
AUSTIN	TX	78734		
5350.			Transaction ID : SD10	.,,203
Amount Incurred This Period		Payment This Period	Outstanding Balance a	at Close of This Period
0.	.00		0.00	5350.00
C. Full Name (Land Fire Middle 199)	-0.460			
C. Full Name (Last, First, Middle Initial LIBERTY PHONE CENT		aitor	Nature of Debt (Purpose CAMPAIGN EXPENSE:	
Mailing Address 8001 Braddock Road	 H			
Suite 300				
City	State	Zip Code		
Springfield	VA	22151		<u> </u>
Outstanding Balance Beginning This	Period		Transaction ID : SD10	0.7345
0.	00			
Amount Incurred This Period	 I	Payment This Period	Outstanding Balance a	at Close of This Period
6442.	74	644	42.74	0.00
	عصفيا لمصفنذ			-(9)(2)
1) SUBTOTALS This Period This Page (ontional) ···			40550.00
				10550.00
2) TOTALS This Period (last page this li	ne number only) ···		•	
3) TOTAL OUTSTANDING LOANS from	Schedule C (last p	age only)···	•	
4) ADD 2) and 3) and carry forward to	appropriate line of 5	Summary Page /last cook	a only	
.,	Therefore mie of r	Serrician y i age tiast page	y Othry) 🚩 📱	

Form/Schedule: SD10 Transaction ID: SD10.7281

(Current loan amount of 5200.00 from a balance of 5200.00 has been forgiven)(A previous settlement amount of

5200.00 has been rescinded)

Form/Schedule: SD10 Transaction ID: SD10.7285

(Current loan amount of 5350.00 from a balance of 5350.00 has been forgiven)(A previous settlement amount of

\$350.00 has been rescinded)

SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 25 OF FOR LINE NUMBER: (check only one)

	9
×	10

29

NAME OF COMMITTEE (In Full)

FRIENDS OF	IONATHAN	MCCONNELL
LLIENDO OL	JOINALIAIN	MOCOLAINELE

RIENDS OF JONAT							
A. Full Name (Last, First, Middle Initial) of Di MILLER, MARY, ASHLEY,	Nature of Debt (Purpose): PAYROLL						
Mailing Address 3422 N STATE STREET #1							
City JACKSON	State MS	Zip Code 39216					
Outstanding Balance Beginning This Period			Transaction ID: SD10.7284				
Amount Incurred This Period	ا ل ـــــ ،	Payment This Period 6000.00	Outstanding Balance at Close of This Perio				
(1)	سسا ا	<u></u>	3310.48				
B. Full Name (Last, First, Middle Initial) of De RED CLAY COMMUNICATIO		litor	Nature of Debt (Purpose): DATABASE SERVICES				
Mailing Address 3333 PIEDMONT ROAD NE SUITE 2050							
City ATLANTA	State GA	Zip Code 30305					
Amount Incurred This Period 0.00 Full Name (Last, First, Middle Initial) of D RED SQUARE AGENCY	ebtor or Cre	Payment This Period 0.00 Other Control of	Outstanding Balance at Close of This Period 7132.29 Nature of Debt (Purpose): CAMPAIGN ADVERTISING				
Mailing Address 54 SAINT EMANUEL STRE	ET						
City MOBILE	State AL	Zip Code 36602					
Outstanding Balance Beginning This Period 34373.75	1		Transaction ID: SD10.7290				
Amount Incurred This Period 0.00		Payment This Period 16000.00	Outstanding Balance at Close of This Period 18373.75				
SUBTOTALS This Period This Page (options	30822.52						
TOTAL O THE Delied Heat age while the same							
TOTALS This Penod (last page this line nur		TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
TOTALS This Period (last page this line nur TOTAL OUTSTANDING LOANS from Sched	dule C (last p	page only)···	•				

MYL COL (T) LLL(1) 000 Œ Œ) (JE) ርብህ CE) LEGI C(E) **41.** Œ M. -

Form/Schedule: SD10 Transaction ID: SD10.7284

(Current loan amount of 5316.48 from a balance of 5316.48 has been forgiven)(A previous settlement amount of 5316.48 has been rescinded)

Form/Schedule: SD10 Transaction ID: SD10.7287

(Current loan amount of 7132.29 from a balance of 7132.29 has been forgiven)(A previous settlement amount of

7132.29 has been rescinded)

(Current loan amount of 18373.75 from a balance of 18373.75 has been forgiven)(A previous settlement amount of

18373.75 has been rescinded)

Form/Schedule: Transaction ID:

HOD

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans

201704050200085926

(Use separate schedule(s) for each numbered line) PAGE 28 OF
FOR LINE NUMBER:
(check only one)

9 × 10

29

NAME OF COMMITTEE (In Full)

FRIENDS OF JONA	<u>NAHT</u>	MCCONNEL	L			
A. Full Name (Last, First, Middle Initial) of STRATIGOS DYNAMICS	Nature of Debt (Purpose): CAMPAIGN CONSULTING					
Mailing Address 1744 SOUTH TALLOW						
City LAKE CHARLES	State LA	Zip Code 70605				
Outstanding Balance Beginning This Pe	eriod		Transaction ID : SD10.7296			
11761.00						
Amount Incurred This Period 0.00	Amount Incurred This Period Payment This Period 0.00 6000.00					
B. Full Name (Last, First, Middle Initial) of		litor	Nature of Debt (Purpose):			
THE J HARRIS COMPANY	LLC		CAMPAIGN CONSULTING			
Mailing Address 1301 SOUTHWEST BLV	/D					
City JEFFERSON CITY	State MO	Zip Code 65109				
Outstanding Balance Beginning This Pe	riod		Transaction ID : SD10.7283			
27040.00						
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period			
0.00	اللا	4000.00	23040.00			
C. Full Name (Last, First, Middle Initial) o	f Debtor or Cre	ditor	Nature of Debt (Purpose):			
Mailing Address			_			
City	State	Zip Code				
Outstanding Balance Beginning This Pe	riod					
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period			
<u> </u>						
SUBTOTALS This Period This Page (opti	onal) ···		28801.00			
TOTALS This Period (last page this line i	number only) ···		70173.52			
TOTAL OUTSTANDING LOANS from Sc	nedule C (last p	age only)···	0.00			
ADD 2) and 3) and carry forward to app	70173.52					

Form/Schedule: SD10 Transaction ID: SD10.7296

(Current loan amount of 5761.00 from a balance of 5761.00 has been forgiven)(A previous settlement amount of 5761.00 has been rescinded)

Form/Schedule: SD10 Transaction ID: SD10.7283

(Current loan amount of 23040.00 from a balance of 23040.00 has been forgiven)(A previous settlement amount of 23040.00 has been rescinded)



RQ-2

February 1, 2017

M CHAD SINGLETARY CPA CGMA, TREASURER FRIENDS OF JONATHAN MCCONNELL 812 DOWNTOWNER BLVD SUITE A MOBILE, AL 36609

Response Due Date

03/08/2017

IDENTIFICATION NUMBER: C00603324

REFERENCE: TERMINATION REPORT (10/01/2016 - 12/31/2016)

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. An adequate response must be received at the Senate Public Records Office by the response date noted above. Failure to adequately respond by the response date noted above could result in an audit or enforcement action. Additional information is needed for the following 2 item(s):

1. Your Termination report discloses debt(s) from vendors that have been forgiven or partially settled. If your committee is terminating, you must provide the Commission with a completed FEC Form 8, Debt Settlement Plan (you may download FEC Form 8 from the FEC website at http://www.fec.gov, or request it through the FEC Faxline at (202) 501-3413, document 808). (11 CFR § 116.7) The plan must provide detailed information concerning each vendor debt being settled.

The Commission notes the receipt and approval of a FEC Form 8, Debt Settlement Plan, concerning the settlement of debts with the candidate.

Until you extinguish the debt(s) or the Commission approves your debt settlement plan, you are required to continue filing reports disclosing the debt(s). (11 CFR § 104.11(a)) The Commission will notify you when the committee is no longer required to file reports.

Although ongoing committees may not settle debts, they may request a determination from the Commission that certain debts are not payable. (11 CFR § 116.2(b))

2. Based on information you provided in your Termination Report, it appears

FRIENDS OF JONATHAN MCCONNELL

Page 2 of 3

that you have not yet met the requirements for terminating your committee. According to 11 CFR § 102.3(a), a committee must satisfy the following conditions before it can terminate:

- (a) it can no longer receive any contributions or make any disbursements that would otherwise qualify it as a political committee;
- (b) it must extinguish or settle all outstanding debts and obligations (see 11 CFR §§ 116.1(a), 116.2(a) and 116.7 for debt settlement option); and
- (c) it must submit a statement explaining how it plans to dispose of residual funds (i.e., funds that remain in its account). (11 CFR § 102.3(a))

Please provide clarifying information regarding outstanding vendor debts/obligations disclosed on your Termination Report. Please be advised that you must continue to file reports until your committee has fully satisfied the conditions of 11 CFR § 102.3(a) and you have received FEC's approval to terminate.

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action. Requests for extensions of time in which to respond will not be considered.

A written response or an amendment to your original report(s) correcting the above problems should be filed with the Senate Public Records Office. Please contact the Senate Public Records Office at (202) 224-0322 for instructions on how and where to file an amendment. For additional information about the report review process or specific filing information for your committee type, please http://www.fec.gov/rad/. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1171.

四17日4日5回2日日日日日日日日日日日日日日日日

FRIENDS OF JONATHAN MCCONNELL

Page 3 of 3

Sincerely,

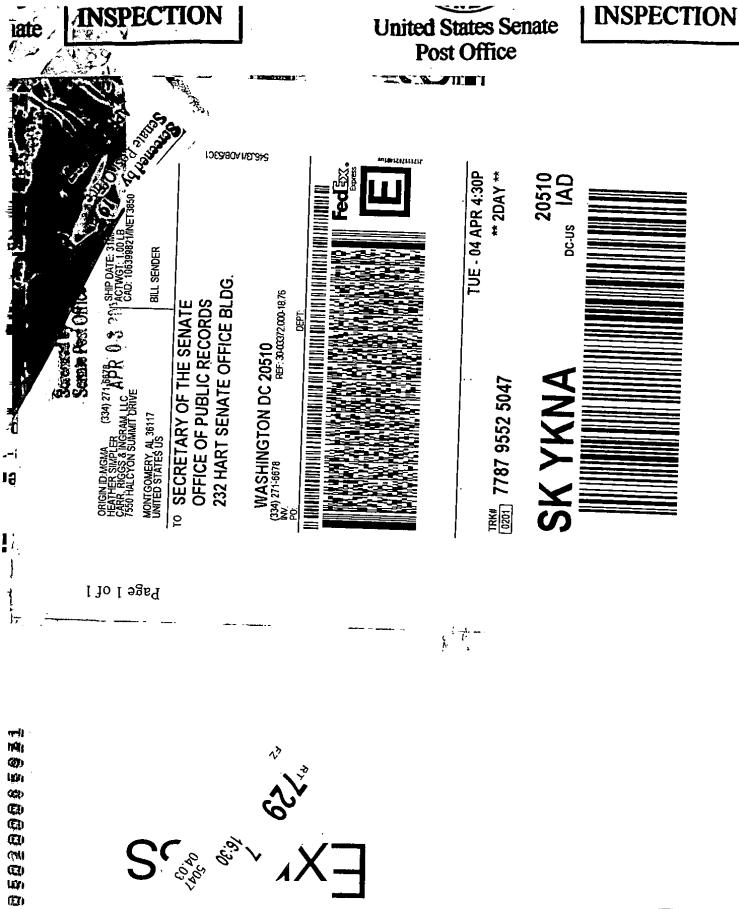
Jessica Grainger

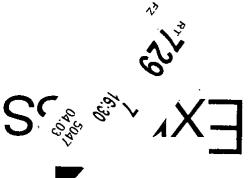
Senior Campaign Finance Analyst

JS Granger

Reports Analysis Division

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

HART SENATE OFFICE BUILDING
SUITE 232

WASHINGTION, DC 20510-7116 PHONE(202) 224-0322

4/04/16

THE PRECEDING DOCUMENT WAS:
HAND DELIVEREDDate of Receipt
USPS FIRST CLASS MAIL
USPS REGISTERED/CERTIFIEDPostmark
USPS PRIORITY MAIL Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL
USPS EXPRESS MAIL Postmark
OVERNIGHT DELIVERY SERVICE:
FEDERAL EXPRESS UPS DHL AIRBORNE EXPRESS SHIPPING DATE NEXT BUSINESS DAY DELIVERY LEAD TO
RECEIVED FROM FEDERAL ELECTION COMMISSION Date of Receipt
POSTMARK ILLEGIBLE NO POSTMARK
FAXDate of Receipt
OTHER
PREPARER DATE PREPARED



SEN PATCH



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